## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

	MINC ( MINC
<b>APPLICATION NUMBER:</b>	<u> </u>

## **Total Fee Calculation**

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	-	Ttal
	Sm./Lg.				Sm. Entity	Lg. Entity		<i>a c</i>
Basic Filing Fee	201/101				345	( <u>~(()</u>		34
Total Claims >20	203/103	-20 =		x	70	15	=	
Independent Claims >3	202/102	4 -3=		x	3,1	16.	3	39_
Mult. Dep Claim Present	204/104				<u>130-</u>	<u>260</u>	<b>38</b>	
Surcharge	205/105				65	130	#	105
English Translation	139							
TOTAL FEE CALCULA	·							449
Fees due upon filing t	the application:	١. ٥						
Total Filing Fees Due	:= \$	440	<b>\</b>	_				
Less Filing Fees Subr	nitted - \$	Ø		<del></del>				·
BALANCE DUE	= \$	- LAY	G					
Atha.								